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Reset Form 1
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Black	Hawk
FORM	(Rev. 07/03)
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NOTICE	
DISSOLUTION	
For Office Use Only	_
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Comm. #	100
Indexed SU	
Audited	
Computer	
Certified Date of Dissolut	ion

Notice of Dissolution

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MAGSAMEN FOR SUPERVISOR Official Name of Committee
1065 PROSPECT BLUD Street
WATERLO IA 50701 City, State, Zip Code
(3/9) 234 9930 Area Telephone Code

Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

SUMMIN

- 1. All debts, loans and obligations have been paid or transferred;
- 2. All campaign funds have been spent;
- 3. All campaign property sold or transferred (candidates only); and
- 4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (If candidate's committee)/Signature of Chair or Treasurer (If PAC)

1- //
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.